



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

## MUNICIPAL NARCOTIC DISPENSARIES.

By S. DANA HUBBARD, New York City Department of Health.

The Department of Health of the City of New York opened a dispensary for drug addicts on April 10, 1919, immediately following the arrest by internal revenue agents of certain physicians and druggists who had been supplying narcotic drugs. The reason for opening this "clinic," as it was called, was the fear of consequences that might result from the sudden shutting off of the source of supply of the many addicts who had been obtaining drugs from the arrested persons and from others in the same business who had suspended operations because of being frightened by these arrests.

Details of the operation of this "clinic," with classified statistics of the addicts attending it, have been published from time to time in the weekly bulletins of the department of health, and a full résumé of the 10 months' period of operation appeared in the department's monthly bulletin for February, 1920.

In the present article, space does not permit a recapitulation, but only such a statement of facts as is necessary to make clear the basis for the conclusions reached.

The officials of the department at the date of opening the "clinic" were not familiar with the facts of drug addiction, and haste was considered imperative, so the plan adopted was more or less arbitrary. Cocain, heroin, and morphin were dispensed on the day of opening in quantities not exceeding 15 grains. On the second day the dispensing of cocain was permanently discontinued, and heroin and morphin were thereafter the only drugs dispensed.

All applicants were examined by physicians of the department of health, and the drugs were dispensed only on prescriptions of these physicians. Duly licensed and registered pharmacists were in charge of the dispensing.

A policy of cutting down the daily supply at the rate of  $\frac{1}{2}$  grain every other day was early adopted, the reduction to continue until the minimum amount was reached which was considered necessary by the physicians to prevent undue suffering. This amount was found to be from 2 or 3 to 5 grains for the 24 hours.

The drugs were sold to the addicts at cost, no charge being made for the physicians' services.

As soon as possible a hospital was opened for withdrawal treatment, and those willing to go were sent to this hospital—the Riverside Hospital at North Brother Island—a special staff of physicians and nurses being selected for this undertaking. Here the addicts were kept for from 5 to 6 weeks at the expense of the city; the drug was withdrawn during the first 5 days, and hyoscin was administered for 3 days thereafter. Out of over 7,400 drug addicts attending the "clinic," less than 2,000 were willing to go to the hospital. A system

of registration was adopted, and cards were issued bearing the name, address, and other identifying particulars, together with a photograph of the addict and the official seal of the department of health. The addict was given a number, together with "dosage sheets," upon which was entered each day the amount and kind of drug received.

A study of the operation of the system outlined above has convinced the officials of the department that a dispensary in which narcotic drugs are given to addicts for self-administration is not the right way to deal with this problem, and by the time this article is printed, the New York "clinic" will have been permanently closed.

Among the facts observed were the following: Addicts often obtained more of the drug than they needed and sold the excess to other addicts or peddlers; addicts supplemented their supplies by purchase from peddlers; addicts got friends or relatives, who were not addicted, to register and attend the "clinic" in order to obtain additional supplies, and in some cases, it is stated, these friends became addicted in this way; prescriptions were forged or raised, dosage sheets were tampered with, false dosage sheets were manufactured and sold, registration cards were bought and sold, etc.

With but a very few possible exceptions, no cures are known to have been effected by means of the reduction system as used at this "clinic." So far as known, all the cases sent to the hospital were cured, in the sense that the drug withdrawal left no physical need or craving; but quite a number of these cases relapsed after discharge, some returning to the "clinic" under assumed names.

The conclusions reached from observation of the practical working of the dispensary system are that the ambulatory treatment, whether practiced by private physicians or by public authorities, is vicious in principle and in effect; that the institutional withdrawal of the drug is so simple, easy, prompt, and effective—and comparatively without any danger, there not having been a single fatality—that there is no need for prolonging addiction by a continued supply of narcotics; that the average addict will not voluntarily submit to institutional or other withdrawal treatment so long as he or she can obtain a supply of the drug, but will go to a hospital if unable to get more of the drug.

Some of the arguments that have been advanced in favor of dispensaries may be stated in the form of questions, and answered as follows:

*Does a dispensary help to get rid of peddlers?*

If a dispensary issues to all-comers all the drug they desire, it may, by competition, put the peddlers out of business. In that case there would not be much to choose between the evil and the alleged remedy. If it does not supply the drugs *ad libitum* it encourages the traffic of peddlers by keeping up the demand.

*Does a dispensary tend to prevent petty crime by addicts?*

The answer is much the same as that to the previous question. A jeweler could prevent burglars from breaking into his store by opening it to them and asking them to help themselves to his stock. The surest and quickest way to prevent crimes arising from an addict's craving for his drug is to cure the addict and thus remove the craving.

*Does a dispensary gradually decrease the number of addicts?*

It tends to increase the number; reasons are clearly shown in the text how this is effected.

*Is a dispensary necessary to prevent death or terrible suffering of addicts bereft of supply of drug?*

Death does not result from sudden deprivation of the drug in the case of a healthy addict—an addict without any therapeutic reason for addiction, as a case of cancer, painful tic, etc., naturally not being included in our consideration as all of these cases are under either suitable institutional or private physicians' care.

The suffering caused by the sudden deprivation is not as severe as it may appear on the surface, and it is of short duration.

If hospital facilities can be provided, there is no excuse for a public or private narcotic dispensary. If they can not, it might be desirable to make arrangements for *personal administration* of drugs to addicts as a temporary measure of relief. A dispensary where the drugs are dispensed to the addicts for self-administration is so harmful in its effects that it can not be recommended under any circumstances.